Case 15-80226-TLS Doc 1 Filed 02/19/15 Entered 02/19/15 15:20:18 Desc Main 2/19/15 3:18PM

B1 (Official Form 1)(04/13)			טט	cument	. Pa	ge I oi	57			
	United S		Bankı t of Nek		Court				Voluntary	Petition
Name of Debtor (if individual, enter Last, First, Middle):  Metzler, Jimmie Martin III							ebtor (Spouse arity Sprin	) (Last, First, N	Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  AKA Jimmie M Metzler, III					(inclu	de married,		trade names):	the last 8 years	
Last four digits of Soc. Sec. of (if more than one, state all)  xxx-xx-6851	r Individual-Taxpa	yer I.D. (I	TIN)/Com	plete EIN	(if more	our digits of than one, state	all)	· Individual-Ta	xpayer I.D. (ITIN) N	o./Complete EIN
Street Address of Debtor (No. 509 North Davis Aven Oakland, NE		nd State):		ZIP Code	Street 509 Oal	Address of	Joint Debtor		et, City, and State):	ZIP Code
County of Residence or of the <b>Burt</b>	Principal Place of	Business:		68045	Count	•	ence or of the	Principal Plac	e of Business:	68045
Mailing Address of Debtor (if	different from stre	et address	s):		Mailir	ng Address	of Joint Debt	or (if different	from street address):	
			F	ZIP Code						ZIP Code
Location of Principal Assets o (if different from street addres	f Business Debtor s above):									
Type of Debt	or		Nature o	of Business			Chapter	of Bankrupto	y Code Under Whi	ch
Individual (includes Joint See Exhibit D on page 2 of th.  ☐ Corporation (includes LLC☐ Partnership☐ Other (If debtor is not one of check this box and state type of the second state type of the second state type of the second	and LLP)  Single Asset Real Estate as do in 11 U.S.C. § 101 (51B)  Railroad  Stockbroker			defined	☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt	er 7 er 9 er 11 er 12	☐ Cha of a ☐ Cha	d (Check one box)  pter 15 Petition for F Foreign Main Proce pter 15 Petition for F Foreign Nonmain Pr	eding Recognition	
Chapter 15 Debtors  Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:  Tax-Exempt Entity (Check box, if applicable)  Debtor is a tax-exempt organizati under Title 26 of the United State Code (the Internal Revenue Code			e) cation cates	defined "incurr	•	(Check on onsumer debts,	one box)  Debt busin	s are primarily ness debts.		
Filing Fe Full Filing Fee attached Filing Fee to be paid in install attach signed application for t debtor is unable to pay fee exform 3A. Filing Fee waiver requested (a attach signed application for t	he court's consideration to the court's consideration in the constant of the court in the court	individuals on certifyin Rule 1006(b 7 individual	g that the o). See Office  Is only). Mu	ial Check Ch	Debtor is not if: Debtor's agging less than all applicable A plan is bein Acceptances	a small busing regate nonco \$2,490,925 (a) to boxes:  ng filed with of the plan w	debtor as definess debtor as dentingent liquida amount subject this petition.	to adjustment or	§ 101(51D).	ee years thereafter).
Statistical/Administrative In  Debtor estimates that fund  Debtor estimates that, after there will be no funds available.	s will be available any exempt prop	erty is exc	luded and	nsecured cre administrati	editors.		3 1120(0).	THIS S	PACE IS FOR COURT	USE ONLY
Estimated Number of Creditor  1- 50- 100- 49 99 199	rs □ I 200-		5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000			
\$50,000 \$100,000 \$500,	001 to \$500,001 000 to \$1	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				
Estimated Liabilities	001 to \$500,001 000 to \$1	\$1,000,001 to \$10	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				

Case 15-80226-TLS Doc 1 Filed 02/19/15 Entered 02/19/15 15:20:18 Desc Main 2/19/15 3:18PM

Document Page 2 of 57 **B1** (Official Form 1)(04/13) Name of Debtor(s): Voluntary Petition Metzler, Jimmie Martin III Metzler, Charity Spring (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: Nebraska 09-80795 3/31/09 Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10O) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Bruce C. Barnhart February 19, 2015 Signature of Attorney for Debtor(s) (Date) Bruce C. Barnhart Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Name of Debtor(s):

Metzler, Jimmie Martin III

**B1** (Official Form 1)(04/13)

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#### Voluntary Petition

(This page must be completed and filed in every case)

#### Metzler, Charity Spring **Signatures**

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### X /s/ Jimmie Martin Metzler, III

Signature of Debtor Jimmie Martin Metzler, III

#### X /s/ Charity Spring Metzler

Signature of Joint Debtor Charity Spring Metzler

Telephone Number (If not represented by attorney)

#### February 19, 2015

Date

#### Signature of Attorney\*

#### X /s/ Bruce C. Barnhart

Signature of Attorney for Debtor(s)

#### Bruce C. Barnhart 19967

Printed Name of Attorney for Debtor(s)

#### **Barnhart Law Office**

Firm Name

12100 West Center Road, #519 Omaha, NE 68144

Address

#### (402)934-4430 Fax: (402)384-1109

Telephone Number

#### February 19, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

v			
		. 1	•
	٦	ĸ	

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

#### United States Bankruptcy Court District of Nebraska

In re	Jimmie Martin Metzler, III Charity Spring Metzler		Case No.	
		Debtor(s)	Chapter	13

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

## 

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2
☐ 4. I am not required to receive a credit cou	nseling briefing because of: [Check the applicable
statement.] [Must be accompanied by a motion for d	- 11
• • • • • • • • • • • • • • • • • •	109(h)(4) as impaired by reason of mental illness or
± • `	alizing and making rational decisions with respect to
financial responsibilities.);	
· /·	109(h)(4) as physically impaired to the extent of being
	in a credit counseling briefing in person, by telephone, or
through the Internet.);	
☐ Active military duty in a military co	ombat zone.
☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in	administrator has determined that the credit counseling this district.
I certify under penalty of perjury that the	information provided above is true and correct.
Signature of Debtor:	/s/ Jimmie Martin Metzler, III
<u> </u>	Jimmie Martin Metzler, III
Date: February 19, 20	15

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B 1D (Official Form 1, Exhibit D) (12/09)

### United States Bankruptcy Court District of Nebraska

In re	Jimmie Martin Metzler, III Charity Spring Metzler		Case No.	
		Debtor(s)	Chapter	13

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

## 

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page
	unseling briefing because of: [Check the applicable
statement.] [Must be accompanied by a motion for a	determination by the court.]
☐ Incapacity. (Defined in 11 U.S.C.	§ 109(h)(4) as impaired by reason of mental illness or
mental deficiency so as to be incapable of re	ealizing and making rational decisions with respect to
financial responsibilities.);	
<u> </u>	§ 109(h)(4) as physically impaired to the extent of being
	in a credit counseling briefing in person, by telephone, or
through the Internet.);	
☐ Active military duty in a military of	combat zone.
☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in	administrator has determined that the credit counseling this district.
I certify under penalty of perjury that the	e information provided above is true and correct.
Signature of Debtor:	/s/ Charity Spring Metzler
Ç	Charity Spring Metzler
Date: February 19, 2	015

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B6A (Official Form 6A) (12/07)

In re	Jimmie Martin Metzler, III,	Case No
	Charity Spring Metzler	

#### Debtors

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Residence 509 North Davis Avenue Oakland, NE 68045	Fee Simple	J	40,000.00	30,423.89
Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim

Sub-Total > 40,000.00 (Total of this page)

40,000.00 Total >

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B6B (Official Form 6B) (12/07)

In re	Jimmie Martin Metzler, III,
	Charity Spring Metzler

Case No.		

Debtors

#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand		Cash	J	70.00
2.	Checking, savings or other financial accounts, certificates of deposit, or		Checking account located at Washington County Bank	J	0.00
	shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit		Checking account located at US Bank	J	130.00
	unions, brokerage houses, or cooperatives.		Savings account located at US Bank	J	330.00
			Savings account located at Fremont First Central Credit Union	J	34.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, including audio, video, and computer equipment.		Household furnishings	J	950.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		DVD's, CD's, Books	J	40.00
6.	Wearing apparel.		Clothing	J	90.00
7.	Furs and jewelry.		Jewelry	W	20.00
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issuer.	X			
				G 1 77 ·	1 004.00

**2** continuation sheets attached to the Schedule of Personal Property

1,664.00

Sub-Total >

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

In re	Jimmie Martin Metzler, III
	Charity Spring Metzler

#### Debtors

#### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Communit	Debtor's Interest in Property,
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	E	Employer sponsored 401(k)	н	8,000.00
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
			,,,	Sub-To	
			(.	Total of this page	)

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re	Jimmie Martin Metzler, III
	Charity Spring Metzler

#### Debtors

#### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and	2	007 Toyota RAV4, 212,000 miles, fair condition	J	6,000.00
	other vehicles and accessories.		001 Dodge Dakota Pickup, 187,000 miles, fair ondition	J	1,000.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > (Total of this page)

7,000.00

Total >

16,664.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re	Jimmie Martin Metzler, III,
	Charity Spring Metzler

Case No.		

Debtors

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds

\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property Residence 509 North Davis Avenue Oakland, NE 68045	Neb. Rev. Stat. §§ 40-101 - 40-118	9,576.11	40,000.00
Cash on Hand Cash	Neb. Rev. Stat. § 25-1552	70.00	70.00
Checking, Savings, or Other Financial Accounts, Concerning account located at Washington County Bank	ertificates of Deposit Neb. Rev. Stat. § 25-1552	0.00	0.00
Checking account located at US Bank	Neb. Rev. Stat. § 25-1552	130.00	130.00
Savings account located at US Bank	Neb. Rev. Stat. § 25-1552	330.00	330.00
Savings account located at Fremont First Central Credit Union	Neb. Rev. Stat. § 25-1552	34.00	34.00
Household Goods and Furnishings Household furnishings	Neb. Rev. Stat. § 25-1556 (3)	950.00	950.00
Books, Pictures and Other Art Objects; Collectibles DVD's, CD's, Books	Neb. Rev. Stat. § 25-1556 (3)	40.00	40.00
Wearing Apparel Clothing	Neb. Rev. Stat. § 25-1556(2)	90.00	90.00
Furs and Jewelry Jewelry	Neb. Rev. Stat. § 25-1556(1)	20.00	20.00
Interests in IRA, ERISA, Keogh, or Other Pension o Employer sponsored 401(k)	r Profit Sharing Plans Neb. Rev. Stat. § 25-1563.01	8,000.00	8,000.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2007 Toyota RAV4, 212,000 miles, fair condition	Neb. Rev. Stat. § 25-1552	1,000.00	6,000.00

Total: 20,240.11 55,664.00

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B6D (Official Form 6D) (12/07)

In re	Jimmie Martin Metzler, III,
	Charity Spring Metzler

Debtors

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	1	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	LIQUIDA	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.  Burt County Treasurer PO Box 87 Tekamah, NE 68061		J	Statutory Lien  Residence 509 North Davis Avenue Oakland, NE 68045		T E D			
Account No.	+	-	Value \$ 40,000.00	$\vdash$			0.00	0.00
Burt County Attorney 111 North 13th Tekamah, NE 68061			Representing: Burt County Treasurer				Notice Only	
			Value \$					
Fremont First Central Federal 249 North Park Fremont, NE 68025		J	08/02/2010  Purchase Money Security  2007 Toyota RAV4, 212,000 miles, fair condition					
			Value \$ 6,000.00				5,000.00	0.00
Account No.  Fremont First Central Federal 249 North Park Avenue Fremont, NE 68026		J	05/22/2012 Purchase Money Security 2001 Dodge Dakota Pickup, 187,000 miles, fair condition					
			Value \$ 1,000.00	1			1,000.00	0.00
continuation sheets attached	•		(Total of t	Subt			6,000.00	0.00

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$  - Cont.

In re	Jimmie Martin Metzler, III,	Case No.	•		
	Charity Spring Metzler				
_		Debtors	,		

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)		H W J	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN	CONTINGEN	LIQUIDA	U T E	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxx6107			5/2007	Т	T E D			
Seterus			First Mortgage		D	Н		
PO Box 2008	П							
Grand Rapids, MI 49501-2008		J	Residence 509 North Davis Avenue Oakland, NE 68045					
			Value \$ 40,000.00				25,000.00	0.00
Account No. xxxx7282	1		Second Mortgage					
Washington County Bank PO box 248 Blair, NE 68008		J	Residence 509 North Davis Avenue Oakland, NE 68045					
			Value \$ 40,000.00	1			5,423.89	0.00
Account No.			Value \$					
Account No.			Value \$					
Account No.								
			Value \$	-				
Sheet 1 of 1 continuation sheets atta	l ge)	30,423.89	0.00					
Schedule of Creditors Holding Secured Claim	ŀ							
			(Report on Summary of Sc		ota lule	- 1	36,423.89	0.00

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B6E (Official Form 6E) (4/13)

In re	Jimmie Martin Metzler, III,	Case No
	Charity Spring Metzler	

Debtors

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled

"Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.  Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitl listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report also on the Statistical Summary of Certain Liabilities and Related Data.  Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts no priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debt total also on the Statistical Summary of Certain Liabilities and Related Data.	led to priorit this total
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.	
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)	
□ <b>Domestic support obligations</b> Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or response such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).	nsible relativ
☐ Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the apportrustee or the order for relief. 11 U.S.C. § 507(a)(3).	ointment of
☐ Wages, salaries, and commissions  Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying indep representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, wo occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).	
☐ Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).	on of busines
☐ Certain farmers and fishermen  Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).	
□ <b>Deposits by individuals</b> Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that we delivered or provided. 11 U.S.C. § 507(a)(7).	vere not
■ Taxes and certain other debts owed to governmental units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).	
☐ Commitments to maintain the capital of an insured depository institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors or Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).	f the Federa
Claims for death or personal injury while debtor was intoxicated  Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a dranother substance. 11 U.S.C. § 507(a)(10).	rug, or

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

In re	Jimmie Martin Metzler, III,		Case No.	
	Charity Spring Metzler			
		Debtors	<b>-</b> ,	

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR NLIQUIDATED ONTINGENT S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER J С (See instructions.) 2012 1040 tax Account No. xxxx6851 Internal Revenue Service 0.00 CENTRALIZED INSOLVENCY **OPERATIONS** J **PO BOX 7346** Philadelphia, PA 19101-7346 1,332.12 1,332.12 Account No. xxxx6851 2013 1040 tax Internal Revenue Service 0.00 **CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346** Philadelphia, PA 19101-7346 2,941.04 2,941.04 2013 1040N tax Account No. xxxx2931 Nebraska Department Of Revenue 0.00 P.O. Box 94818 Lincoln, NE 68508 449.14 449.14 Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) 4,722.30 Schedule of Creditors Holding Unsecured Priority Claims 4,722.30 Total 0.00 (Report on Summary of Schedules) 4,722.30 4,722.30 Case 15-80226-TLS Doc 1 Filed 02/19/15 Entered 02/19/15 15:20:18 Desc Main 2/19/15 3:18PM Document Page 17 of 57

B6F (Official Form 6F) (12/07)

In re	Jimmie Martin Metzler, III, Charity Spring Metzler		Case No.	
		Debtors	,	

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

8								
CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community	Ç	U	D	ग	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	D C R H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N G	HPU-CD-LZC	U T F	J T	AMOUNT OF CLAIM
Account No. xxxx7579			Medial	T	T E D			
Alegent Creighton Clinic PO Box 34550 Omaha, NE 68134-0550		J			D			126.00
Account No.		П	Medical	П	П	T	$\dagger$	
Alegent Health Lakeside 16940 LAKESIDE HILLS PLAZA Omaha, NE 68130		J						100.00
Account No.				П	П	Ī	T	
American Broadband 1605 Washington Street Blair, NE 68008		J						
								500.00
Account No.  Boystown National Research Hospital PO Box 110 Boys Town, NE 68010		J	medical					1,500.00
				Subt			T	2,226.00
			(Total of t	nis j	pag	;e)	) [	_,3.30

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B6F (Official Form 6F) (12/07) - Cont.

In re	Jimmie Martin Metzler, III,	Case No
_	Charity Spring Metzler	,

					—		
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	ļç	U N L	P	
MAILING ADDRESS	CODEBTOR	н	DATE OF A DAWAG INCHIDDED AND	CONT	Ľ	s	
INCLUDING ZIP CODE,	B	W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM		l Q	P U T E	
AND ACCOUNT NUMBER	T	J	IS SUBJECT TO SETOFF, SO STATE.	N	ļυ	Ī	AMOUNT OF CLAIM
(See instructions above.)	R	С	is sobject to seron, so simil.	NGENT	Ϊ́ρ	Þ	
Account No. xxxx6758	T		Credit Card Purchases	<b>                                     </b>	Ť	D	
	1			$\vdash$	₽	╙	
Capital One	ı						
PO Box 30285	ı	J					
Salt Lake City, UT 84130	ı						
	ı						
					L	L	Unknown
Account No. xxxx3251			Collection				
	ı						
Capital One Bank (USA)	ı	١.					
PO Box 60599	ı	J					
City of Industry, CA 91716-0599	ı						
	ı						4 077 40
				┖	L	L	1,677.46
Account No. xxxxx1686			Medical				
	ı						
Childrens Hospital Medical Center	ı	١.					
PO Box 952806	ı	J					
Saint Louis, MO 63195-0806	ı						
	ı						
							15.87
Account No. xxxx2465			Collection				
One dis Management	ı						
Credit Management	ı	J					
214 West 1st	ı	١,					
PO Box 1512	ı						
Grand Island, NE 68802	ı						
							26.00
Account No.							
Fremont Area Medical Center	I	1	Representing:				
450 East 23rd Street	I	1	Credit Management				Notice Only
Fremont, NE 68025	ı						
	I						
				$\perp$			
Sheet no. 1 of 10 sheets attached to Schedule of			,	Sub	tota	ıl	4 740 00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	1,719.33

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In re	Jimmie Martin Metzler, III,	Case No
_	Charity Spring Metzler	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Č	U	P	Т	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	NL I QU I DAT	D I S P U T E D	- 1	AMOUNT OF CLAIM
Account No. xxxx3932	_		Collection	'	E			
Credit Management PO Box 1512 Grand Island, NE 68802		J						30.00
Account No. xxxx0858			Medical			T	Ť	
Deanna Armstrong MD PC 6828 North 72nd Street Ste 5500 Omaha, NE 68122		J						30.00
-	╀			$oldsymbol{\perp}$	╄	Ļ	4	
Account No. xxxx  Endless Possibilities LLC 5704 South 153rd Street Omaha, NE 68137-2474		J	Collection					59.77
Account No. xxxx3703			Collection	T	Г	T	T	
Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303		J						448.03
Account No. xxxx6455	╁		Collection	+	+	t	+	
Firstsource Advantage LLC PO box 628 Buffalo, NY 14240-0628		J						644.60
Sheet no. 2 of 10 sheets attached to Schedule of				Subt	tota	ıl	†	4.040.45
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	, [	1,212.40

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In re	Jimmie Martin Metzler, III,	Case No.
	Charity Spring Metzler	· · · · · · · · · · · · · · · · · · ·

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ç	U	P	, [	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	NL I QU I DAT	DISPUTED		AMOUNT OF CLAIM
Account No. xxxxx0550			Collection	T	E D			
General Service Bureau Inc PO Box 641579 Omaha, NE 68164-7579		J			D			100.00
Account No.	T	T		$\top$	T	T	T	
Alegent Health Immanuel Med Center PO Box 34640 Omaha, NE 68134-0640			Representing: General Service Bureau Inc					Notice Only
Account No. xxxxIBPIB				T	T	Г		
Hanger Clinic 7820 Wakeley Plaza Omaha, NE 68114		J						0.00
Account No. xxxxx3951	t		Medical	T	T	T	T	
Heart Consultants 1120 North 103 Plz Ste 100 Omaha, NE 68114-1119		J						15.54
Account No. xxx4621	t	$\vdash$	Collection	+	+	$\dagger$	+	
Heartland Health Therapy 2245 W University Drive Ste 7 Tempe, AZ 85281-7246	-	J						55.87
Sheet no. 3 of 10 sheets attached to Schedule of	_			Sub	tota	al	†	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	this	pag	2e)		171.41

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In re	Jimmie Martin Metzler, III,	Case No.
_	Charity Spring Metzler	

CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	<b>-</b>   %	U	P	۱ (	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M		CONTINGEN	QU L D	DISPUTED	<u> </u>	AMOUNT OF CLAIM
Account No. xxxx4446			Collection	Т	T		Г	
JCC Christensen & Associates Inc PO Box 519 Sauk Rapids, MN 56379		J			D			623.87
Account No.	t		education	$\dagger$	T	T	†	
Kaplan Higer Education Corp 026 Kaplan University; Omaha 1015 Windward Ridge Parkway Alpharetta, GA 30005		J						4 000 00
	┖				Ļ	Ļ	$\perp$	1,800.00
Account No. xxx8003  LinCare Inc PO Box 1737  Lawrence, KS 66044-8737		J	Medical					0.00
Account No. xxxxx2175			Medical	T	T	T	Ť	
Medical Creighton Health PO Box 3366 Omaha, NE 68176		J						434.30
Account No.	╁	$\vdash$		+	+	+	+	
Bergan Medical Center PO Box 3366 Omaha, NE 68176			Representing: Medical Creighton Health					Notice Only
Sheet no4 of _10_ sheets attached to Schedule of				Sub			T	2,858.17
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	, [	2,000.17

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In re	Jimmie Martin Metzler, III,	Case No.
_	Charity Spring Metzler	

					—		•
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U N L	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	- QU - C	SPUTED	AMOUNT OF CLAIM
Account No.				T	A T E D		
General Service Bureau PO Box 641579 Omaha, NE 68164-7579			Representing: Medical Creighton Health		D		Notice Only
Account No. xxxx9740			Medical		T		
Methodist Health Systems PO Box 2797 Omaha, NE 68103-2797		J					111.38
Account No. xxxx1855	T		Medial	t	T		
Midwest Oral 14625 California Street Omaha, NE 68154-1950		J					129.32
Account No.	t			T	T		
National Account Systems of Omaha PO Box 45767 Omaha, NE 68145			Representing: Midwest Oral				Notice Only
Account No. xxxxT010			Collection	T	Г		
National Account Systems of Omaha PO Box 45767 Omaha, NE 68145		J					79.95
Sheet no. <b>5</b> of <b>10</b> sheets attached to Schedule of				Subt	tota	1	220.05
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	320.65

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In re	Jimmie Martin Metzler, III,	Case No.
	Charity Spring Metzler	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Č	U	D	T	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	NL QU L DAT	DISPUTED		AMOUNT OF CLAIM
Account No. xxxxx662-1			Medical	T	E D			
NE Ortho Physical Therapy PC 2123 East 23rd Avenue Fremont, NE 68025-2498		J			В			1,287.84
Account No.		T	medical	$\top$	T	T	Ť	
Nebraska Medicine 988095 Nebraska Medical Center Omaha, NE 68198-8095		J						
								Unknown
Account No. xxxxxx5437			Collection		П		T	
North Shore Agency PO Box 9205 Old Bethpage, NY 11804-9005		J						20.00
Account No. xxxxx3495	╁	┢	Medical	+	$\vdash$	┢	+	
Professional Ansthesia Services 7710 Mercy Road Ste 424 Omaha, NE 68124-2346		J						60.84
Account No. xxxx5315	t	T	Medical	+	T	H	+	
Regional Pathology Services 987137 Nebraska Medical Center Omaha, NE 68198-7137	-	J						17.40
Sheet no. 6 of 10 sheets attached to Schedule of	_			Subt	tota	<u>.                                    </u>	†	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ze)		1,386.08

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B6F (Official Form 6F) (12/07) - Cont.

In re	Jimmie Martin Metzler, III,	Case No.
	Charity Spring Metzler	

	_			_	_	—	
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	S	U N L	P	
MAILING ADDRESS	CODEBTOR	н	DATE CLABAWAG INCUIDDED AND	C O N T	ĮÏ.	s	
INCLUDING ZIP CODE,	I E	W	DATE CLAIM WAS INCURRED AND	H	I QUI	۱۲	
AND ACCOUNT NUMBER	T	J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N	Ü	Ī	AMOUNT OF CLAIM
(See instructions above.)	R	С	is substituted in section 1, so state.	NGENT	חו	D	
Account No. xxxx6909			Medical	<del> </del>	A T E D		
				$\vdash$	₽	╙	
Regional Pathology Services	ı						
PO Box 2850	ı	J					
Omaha, NE 68103-2850	ı						
	ı						
							128.40
Account No. xxxxxx26-C1			Collection	T	T	Г	
Stoneberry	ı						
PO Box 2820	ı	J					
Monroe, WI 53566-8020	ı						
	ı						
							205.91
Account No. xxxx6970	T		Medial	T	Т	Г	
	1						
Surgical Services of Great Plains	ı						
4242 Farnam Street	ı	J					
Ste 490	ı						
Omaha, NE 68131	ı						
<u>'</u>	ı						30.00
Account No. xxxxx70 01	╁		Credit Card Purchases	╁	-	H	
	1						
Synchrony Bank/JCP	ı						
Po box 960090	ı	J					
Orlando, FL 32896-0090	ı						
Ontainus, 1	ı						
							535.30
Account No. xxxxx0409	╁		Medical	$\vdash$	⊢	├	
The second secon	1						
The Nebrask Medical Center	I	1					
PO BOx 2099	ı	J					
Omaha, NE 68103-2099	1	ľ					
Onland, NE 00100-2009	I	1					
							96.88
				Ļ	L	Ļ	33.00
Sheet no. 7 of 10 sheets attached to Schedule of				Subt			996.49
Creditors Holding Unsecured Nonpriority Claims			(Total of t	nis i	pag	(e)	1

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B6F (Official Form 6F) (12/07) - Cont.

In re	Jimmie Martin Metzler, III,	Case No
_	Charity Spring Metzler	

		_			—		
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U N L	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	IQUID	PUTED	AMOUNT OF CLAIM
Account No.				T	A T E		
Accredited CollectionServices PO Box 27238 Omaha, NE 68127			Representing: The Nebrask Medical Center		D		Notice Only
Account No. xxxxx86 43			Medical	T	T	T	
The Nebraska Medical Center PO Box 3839 Omaha, NE 68103-0839		J					186.43
Account No. xxxx4072	t			$\vdash$	$\vdash$	┢	
The Nebraska Medical Center PO Box 2099 Omaha, NE 68103-2099		J					311.75
Account No.	t			$\vdash$	$\vdash$	$\vdash$	
Accredited Collection Service Inc PO Box 27238 Omaha, NE 68127			Representing: The Nebraska Medical Center				Notice Only
Account No. xxxxxBPLP			Collection	T	T	Т	
Tiburon Financial P.O. Box 770 Boys Town, NE 68010		J					163.90
Sheet no. <b>8</b> of <b>10</b> sheets attached to Schedule of			\$	Subt	tota	ıl	662.08
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	paş	ge)	002.08

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B6F (Official Form 6F) (12/07) - Cont.

In re	Jimmie Martin Metzler, III,	Case No.
_	Charity Spring Metzler	

CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	CON	U N L	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NT I NG ENT	L QU	SPUTED	AMOUNT OF CLAIM
Account No.				T	T E		
Hanger Clinic 7820 Wakeley Plz Omaha, NE 68114-3650			Representing: Tiburon Financial		D		Notice Only
Account No. xxxx2430			Collection				
Tiburon Finanical LLC PO Box 5756 Lincoln, NE 68505-0756		J					
	L						76.06
Account No.  Midwest GI Associates 8901 Indian Hills Drive #200 Omaha, NE 68114			Representing: Tiburon Finanical LLC				Notice Only
Account No. xxxx5122			Collection				
TRS Recovery Services Inc PO BOx 60022 City of Industry, CA 91716-0022		J					151.47
Account No. xxxx9530	H		Collection	T			
Universal Fidelity LP PO Box 941911 Houston, TX 77094-8911		J					436.90
Sheet no. <b>9</b> of <b>10</b> sheets attached to Schedule of				Sub	tota	1	224.42
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	664.43

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B6F (Official Form 6F) (12/07) - Cont.

In re	Jimmie Martin Metzler, III,	Case No.
_	Charity Spring Metzler	

CREDITOR'S NAME,	ļç	Hu	sband, Wife, Joint, or Community	Ç	Ü	ו	Ρĺ	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	OD E B T O R	C 1 M H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLIQUIDATE	֓֞֜֜֜֜֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֜֜֜֓֓֓֓֓֡֓֜֜֡֓֡֓֜֓֡֓֜֝֡֓֡֓֡֡֓֜֡֓֡֓֜֝֡֡֡֓֜֝֡֡֡֡֡֡֡֡	U T F	AMOUNT OF CLAIM
Account No. xxxx6909			Medical	٦т	T E			
UNMC Physicians PO Box 2850 Omaha, NE 68103-2850		J			D			128.40
Account No.	╁			$\vdash$		+	+	120.40
Accredited Collection PO box 27238 Omaha, NE 68127			Representing: UNMC Physicians					Notice Only
Account No. xxxxx0402	t		Medical	t	H	$\dagger$		
UNMC Physicians 988095 Nebraska Medical Center Omaha, NE 68198-8095		J						
								224.95
Account No. 8565			Unsecured loan	П		Ī		
Washington County Bank PO Box 248 Blair, NE 68008		J						
								515.71
Account No.								
Sheet no10_ of _10_ sheets attached to Schedule of		•		Subt			1	869.06
Creditors Holding Unsecured Nonpriority Claims			(Total of				ŀ	
			(Report on Summary of So		Γota Inla		- 1	13,086.10
			(Report on Bullillary of Bo	,1100	-41	-10,	/ [	

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B6G (Official Form 6G) (12/07)

In re	Jimmie Martin Metzler, III,	Case No
	Charity Spring Metzler	

Debtors

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-80226-TLS Doc 1 Filed 02/19/15 Entered 02/19/15 15:20:18 Desc Main 2/19/15 3:18PM Document Page 29 of 57

B6H (Official Form 6H) (12/07)

In re	Jimmie Martin Metzler, III,	Case No.
	Charity Spring Metzler	

Debtors

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Fill	in this information to identify your c	ase:								
Del	otor 1 Jimmie Mar	tin Metzler, III								
	otor 2 Charity Spri	ng Metzler			_					
Uni	ted States Bankruptcy Court for the	: DISTRICT OF NEBRA	ASKA							
	se number nown)					□ A		ed filing ent showin	g post-petitior	n chapter
0	fficial Form B 6I					Ī.	IM / DD/ Y	/VVV	Ū	
S	chedule I: Your Inc	ome				IV	IIVI / DD/ I			12/13
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	ır spouse is not filing w	ith you, do not incli	ude infor	mati	on about	your spo	ouse. If mo	ore space is i	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed				■ Employed			
	information about additional		☐ Not employed				☐ Not employed			
	employers.	Occupation	Storeroom atte	ndant			disable	ed		
	Include part-time, seasonal, or self-employed work.	Employer's name	Valmont							
	Occupation may include student or homemaker, if it applies.	Employer's address	One Valmont P Omaha, NE 681		5					
		How long employed t	here? <u>19 yea</u>	rs			_			
Par	Give Details About Mor	nthly Income								
spou	mate monthly income as of the duse unless you are separated.  u or your non-filing spouse have me			·	•				·	
,	e space, attach a separate sheet to			on for an	omp.	oyo.o.	mat poroc			, ou 1100u
						For Del	otor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3	,159.00	\$	0.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	2	,573.00	+\$	0.00	
4.	Calculate gross Income. Add lii	ne 2 + line 3.		4.	\$	5,73	32.00	\$	0.00	

Deb Deb	tor 1 tor 2	Jimmie Martin Metzler, III Charity Spring Metzler	-	Cas	se number (if known)		
				F	or Debtor 1		r Debtor 2 or n-filing spouse
	Cop	by line 4 here	4.	\$	5,732.00	\$	0.00
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	573.00	\$	0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$	172.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$	161.00	\$	0.00
	5e.	Insurance	5e.	\$	784.00	\$	0.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	0.00	\$	0.00
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,690.00	\$	0.00
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,042.00	\$_	0.00
8.	List 8a.	t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
		monthly net income.	8a.	\$	0.00	\$_	0.00
	8b.	Interest and dividends	8b.	\$	0.00	\$_	0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00
	8e.	Social Security	8e.	\$	0.00	\$	0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$_	0.00
	8g.	Pension or retirement income	8g.	\$	0.00	\$_	0.00
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$_	0.00
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$_	0.00
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		4,042.00 + \$_		0.00 = \$ 4,042.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:	depen		.,	•	
12.		d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certaillies					12. \$ <b>4,042.00</b>
13.	Do	you expect an increase or decrease within the year after you file this form	?				Combined monthly income
		No. Yes. Explain:					

Fill	in this information to identify your case:				
Deb	otor 1 Jimmie Martin Metzler, III		Che	ck if this is:	
	otor 2 Charity Spring Metzler ouse, if filing)			An amended filing A supplement show 13 expenses as of	ving post-petition chapter the following date:
Unit	ted States Bankruptcy Court for the: DISTRICT OF NEBRASKA			MM / DD / YYYY	
	se number		П	A separate filing for	r Debtor 2 because Debtor
	(nown)			2 maintains a sepa	
O	fficial Form B 6J				
S	chedule J: Your Expenses				12/13
info	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this fo mber (if known). Answer every question.				
Par	rt 1: Describe Your Household				
1.	Is this a joint case?				
	<ul><li>No. Go to line 2.</li><li>■ Yes. Does Debtor 2 live in a separate household?</li></ul>				
	·				
	<ul><li>■ No</li><li>□ Yes. Debtor 2 must file a separate Schedule J.</li></ul>				
2.	Do you have dependents? $\square$ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the dependents' names.	Son		13	□ No ■ Yes
	aspondonio namos.				■ No
		Daughter		21	□Yes
					□ No
					☐ Yes ☐ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				_ 100
Est	Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your expenses as of a date after the bankruptcy is filed. If this is a supple plicable date.				
the	lude expenses paid for with non-cash government assistance if y value of such assistance and have included it on Schedule I: Yo ficial Form 6I.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. Incompayments and any rent for the ground or lot.	clude first mortgage	4. \$	\$	370.00
	If not included in line 4:				
	4a. Real estate taxes		4a. S	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4a. 3		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. S		150.00
	4d. Homeowner's association or condominium dues		4d. S	\$	0.00
5.	Additional mortgage payments for your residence, such as hom	e equity loans	5. \$	\$	0.00

Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	6a. 6b. 6c. 6d.	·	350.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies  Childcare and children's education costs  Clothing, laundry, and dry cleaning  Personal care products and services  Medical and dental expenses  Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	6b. 6c.		350.00
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	6b. 6c.		350.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	6c.	\$	
Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance			80.00
Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	6d.	\$	480.00
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance		\$	0.00
Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	7.	\$	900.00
Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	8.	\$	0.00
Medical and dental expenses  Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance	9.	\$	100.00
Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	10.	\$	100.00
Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	11.	\$	500.00
Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance			
Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	12.	\$	430.00
Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance	13.	\$	50.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance	14.	\$	5.00
<ul><li>15a. Life insurance</li><li>15b. Health insurance</li></ul>			
15b. Health insurance			
	15a.		0.00
AF - Makinta in a company	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	147.00
15d. Other insurance. Specify:	15d.	\$	0.00
<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.	_	<u> </u>	
Specify:	16.	\$	0.00
Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	· <del></del>	0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as	_		0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	\$	0.00
Other payments you make to support others who do not live with you.		\$	0.00
Specify:	19.		
Other real property expenses not included in lines 4 or 5 of this form or on Schedu			0.00
20a. Mortgages on other property	20a.		0.00
20b. Real estate taxes	20b.		0.00
20c. Property, homeowner's, or renter's insurance	20c.	·	0.00
20d. Maintenance, repair, and upkeep expenses	20d.		0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00
Other: Specify:	21.	+\$	0.00
Your monthly expenses. Add lines 4 through 21.	22.	\$	3,662.00
The result is your monthly expenses.	22.	Ψ	3,002.00
Calculate your monthly net income.			
23a. Copy line 12 <i>(your combined monthly income)</i> from Schedule I.	23a.	\$	4,042.00
23b. Copy your monthly expenses from line 22 above.	23b.	·	3,662.00
200. Copy your morning expenses from the 22 above.	200.		3,002.00
23c. Subtract your monthly expenses from your monthly income.			
The result is your <i>monthly net income</i> .	23c.	\$	380.00
Do you expect an increase or decrease in your expenses within the year after you for example, do you expect to finish paying for your car loan within the year or do you expect your momodification to the terms of your mortgage?  No.			e or decrease because of a
□ Yes.			
Explain:			

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B6 Summary (Official Form 6 - Summary) (12/14)

#### United States Bankruptcy Court District of Nebraska

In re	Jimmie Martin Metzler, III,		Case No.	
	Charity Spring Metzler			
-		Debtors	Chapter	13
			_	

#### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	40,000.00		
B - Personal Property	Yes	3	16,664.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		36,423.89	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		4,722.30	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	11		13,086.10	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			4,042.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,662.00
Total Number of Sheets of ALL Schedu	ıles	26			
	To	otal Assets	56,664.00		
			Total Liabilities	54,232.29	

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B 6 Summary (Official Form 6 - Summary) (12/14)

#### United States Bankruptcy Court District of Nebraska

In re	Jimmie Martin Metzler, III,		Case No.	
	Charity Spring Metzler			
_		Debtors	Chapter	13

#### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	4,722.30
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	4,722.30

#### State the following:

Average Income (from Schedule I, Line 12)	4,042.00
Average Expenses (from Schedule J, Line 22)	3,662.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	6,302.57

#### State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	4,722.30	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		13,086.10
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		13,086.10

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B6 Declaration (Official Form 6 - Declaration). (12/07)

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#### United States Bankruptcy Court District of Nebraska

In re	Jimmie Martin Metzler, III Charity Spring Metzler	•		Case No.
		Debtor(s)	Chapter	13

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	I declare under penalty of perjury the sheets, and that they are true and correct to the sheets.		ad the foregoing summary and schedules, consisting of y knowledge, information, and belief.	28
Date	February 19, 2015	Signature	/s/ Jimmie Martin Metzler, III  Jimmie Martin Metzler, III  Debtor	
Date	February 19, 2015	Signature	/s/ Charity Spring Metzler Charity Spring Metzler Joint Debtor	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

#### United States Bankruptcy Court District of Nebraska

In re	Jimmie Martin Metzler, III Charity Spring Metzler		Case No.	
	<u> </u>	Debtor(s)	Chapter	13

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$7,995.40	2015 - Debtor, Valmont Industries , YTD
\$49,244.79	2013 - Debtor, Valmont Industries, W-2
\$68,782.62	2014 - Debtor, Valmont Industries as of 12/26/2014

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#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$31,622.34 2013 - Debtor, Emmett Henning Hennig Manufacturing 1099-Misc

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR Fremont First Credit 249 North Park AVE Fremont, NE 68025	DATES OF PAYMENTS monthly installment payments	AMOUNT PAID <b>\$600.00</b>	AMOUNT STILL OWING <b>\$4,000.00</b>	
Fremont First Credit 249 North Park Ave Fremont, NE 68025	monthly installment payments	\$1,320.00	\$5,000.00	

None

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
TRANSFERS TRANSFERS OWING

NAME AND ADDRESS OF CREDITOR

c. *All debtors*: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None 

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR **PROCEEDING** AND CASE NUMBER AND LOCATION DISPOSITION General Service Bureau v. Metzler **Judgment** Collection **County Court of Burt County** CI 08 269

Accredited Collection v. Metzler Collection **County Court of Burt County Judgment** CI 15 19

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DESCRIPTION AND VALUE OF DATE OF SEIZURE

**PROPERTY** 

#### 5. Repossessions, foreclosures and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY** 

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATE OF DESCRIPTION AND VALUE OF OF COURT OF CUSTODIAN **PROPERTY** ORDER CASE TITLE & NUMBER

NAME AND LOCATION

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

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#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Access Counseling Inc 633 W 5th Street□ Suite 26001 Los Angeles, CA 90071 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 11/24/2014 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$15.00

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

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#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE

**ENVIRONMENTAL** LAW

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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE

**ENVIRONMENTAL** 

LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN ADDRESS

**BEGINNING AND** NATURE OF BUSINESS

**ENDING DATES** 

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101. None

NAME

NAME ADDRESS

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

/s/ Jimmie Martin Metzler, III **Date February 19, 2015** Signature

Jimmie Martin Metzler, III

Debtor

Date February 19, 2015 /s/ Charity Spring Metzler Signature

**Charity Spring Metzler** 

Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

## United States Bankruptcy Court District of Nebraska

In	re	Jimmie Martin Charity Spring				Case No.		
	-	Onany opini	<u>go.</u>	.=.0.	Debtor(s)	Chapter	13	
		DIS	SCLO	OSURE OF COMI	PENSATION OF ATTOR	NEY FOR DI	EBTOR(S)	
1.	paid	suant to 11 U.S.C	C. § 32 ne year	29(a) and Bankruptcy Rule r before the filing of the pe	e 2016(b), I certify that I am the attornetition in bankruptcy, or agreed to be nection with the bankruptcy case is a	ney for the above-r paid to me, for ser	amed debtor and that compens	
						_	3,700.00	
		Prior to the filin	ng of t		ved		0.00	
		Balance Due				\$	3,700.00	
2.	The	e source of the co	mpens	sation paid to me was:				
		Debtor		Other (specify):				
3.	The	e source of compe	ensatio	on to be paid to me is:				
		Debtor		Other (specify):				
4.		I have not agree	d to sł	nare the above-disclosed co	ompensation with any other person u	nless they are mem	bers and associates of my law	firm.
					pensation with a person or persons when a names of the people sharing in the c			A
5.	In	return for the abo	ve-dis	sclosed fee, I have agreed	to render legal service for all aspects	of the bankruptcy	case, including:	
	b. c.	Preparation and f Representation o [Other provision: Negotiation reaffirmation	filing of the descriptions of the descriptions of the description and the description	of any petition, schedules, debtor at the meeting of creeded] vith secured creditors	endering advice to the debtor in deter statement of affairs and plan which reditors and confirmation hearing, and to reduce to market value; exer ations as needed; preparation as household goods.	may be required; I any adjourned hea mption planning	rings thereof;	
5.	Ву	Represen	tatio		d fee does not include the following so dischargeability actions, judic		es, relief from stay actions	s or
					CERTIFICATION			
this		ertify that the fore kruptcy proceeding		s is a complete statement o	f any agreement or arrangement for p	payment to me for i	epresentation of the debtor(s) i	n
Dat	ed:	February 19,	2015		/s/ Bruce C. Barnh	art		
					Bruce C. Barnhart Barnhart Law Offic 12100 West Centel Omaha, NE 68144	ce r Road, #519		

## UNITED STATES BANKRUPTCY COURT DISTRICT OF NEBRASKA

## NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

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B 201B (Form 201B) (12/09)

### United States Bankruptcy Court District of Nebraska

	Jimmie Martin Metzler, III Charity Spring Metzler	Debtor(s	Case No. Chapter	13
	CERTIFICATION OF N UNDER § 342(b) (		CONSUMER DEBTOI NKRUPTCY CODE	
I Code.	Cer (We), the debtor(s), affirm that I (we) have received	tification of D ved and read th		by § 342(b) of the Bankruptcy
	Martin Metzler, III Spring Metzler	X /s/	Jimmie Martin Metzler, III	February 19, 2015
Printed N	Name(s) of Debtor(s)	Sig	nature of Debtor	Date
Case No.	. (if known)	X /s/	Charity Spring Metzler	February 19, 2015
		Sig	nature of Joint Debtor (if any	y) Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

## United States Bankruptcy Court District of Nebraska

In re	Jimmie Martin Metzler, III Charity Spring Metzler		Case No.	
		Debtor(s)	Chapter	13
	VERII	FICATION OF CREDITOR	MATRIX	
he ab	ove-named Debtors hereby verify that	at the attached list of creditors is true and o	correct to the best	of their knowledge.
Date:	February 19, 2015	/s/ Jimmie Martin Metzler, III		
		Jimmie Martin Metzler, III		
		Signature of Debtor		
Date:	February 19, 2015	/s/ Charity Spring Metzler		
		Charity Spring Metzler		

Signature of Debtor

Accredited Collection PO box 27238 Omaha, NE 68127

Accredited Collection Service Inc PO Box 27238 Omaha, NE 68127

Accredited CollectionServices PO Box 27238 Omaha, NE 68127

Alegent Creighton Clinic PO Box 34550 Omaha, NE 68134-0550

Alegent Health Immanuel Med Center PO Box 34640 Omaha, NE 68134-0640

Alegent Health Lakeside 16940 LAKESIDE HILLS PLAZA Omaha, NE 68130

American Broadband 1605 Washington Street Blair, NE 68008

Bergan Medical Center PO Box 3366 Omaha, NE 68176

Boystown National Research Hospital PO Box 110 Boys Town, NE 68010

Burt County Attorney 111 North 13th Tekamah, NE 68061

Burt County Treasurer PO Box 87 Tekamah, NE 68061

Capital One PO Box 30285 Salt Lake City, UT 84130

Capital One Bank (USA) PO Box 60599 City of Industry, CA 91716-0599

Childrens Hospital Medical Center PO Box 952806 Saint Louis, MO 63195-0806

Credit Management 214 West 1st PO Box 1512 Grand Island, NE 68802

Credit Management PO Box 1512 Grand Island, NE 68802

Deanna Armstrong MD PC 6828 North 72nd Street Ste 5500 Omaha, NE 68122

Endless Possibilities LLC 5704 South 153rd Street Omaha, NE 68137-2474

Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303

Firstsource Advantage LLC PO box 628 Buffalo, NY 14240-0628

Fremont Area Medical Center 450 East 23rd Street Fremont, NE 68025

Fremont First Central Federal 249 North Park Fremont, NE 68025

Fremont First Central Federal 249 North Park Avenue Fremont, NE 68026

General Service Bureau PO Box 641579 Omaha, NE 68164-7579

General Service Bureau Inc PO Box 641579 Omaha, NE 68164-7579

Hanger Clinic 7820 Wakeley Plaza Omaha, NE 68114

Hanger Clinic 7820 Wakeley Plz Omaha, NE 68114-3650

Heart Consultants 1120 North 103 Plz Ste 100 Omaha, NE 68114-1119

Heartland Health Therapy 2245 W University Drive Ste 7
Tempe, AZ 85281-7246

Internal Revenue Service CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346 Philadelphia, PA 19101-7346

JCC Christensen Associates Inc PO Box 519 Sauk Rapids, MN 56379

Kaplan Higer Education Corp 026 Kaplan University; Omaha 1015 Windward Ridge Parkway Alpharetta, GA 30005

LinCare Inc PO Box 1737 Lawrence, KS 66044-8737

Medical Creighton Health PO Box 3366 Omaha, NE 68176

Methodist Health Systems PO Box 2797 Omaha, NE 68103-2797

MIdwest GI Associates 8901 Indian Hills Drive #200 Omaha, NE 68114

Midwest Oral 14625 California Street Omaha, NE 68154-1950

National Account Systems of Omaha PO Box 45767 Omaha, NE 68145

NE Ortho Physical Therapy PC 2123 East 23rd Avenue Fremont, NE 68025-2498

Nebraska Department Of Revenue P.O. Box 94818 Lincoln, NE 68508

Nebraska Medicine 988095 Nebraska Medical Center Omaha, NE 68198-8095

North Shore Agency PO Box 9205 Old Bethpage, NY 11804-9005

Professional Ansthesia Services 7710 Mercy Road Ste 424 Omaha, NE 68124-2346

Regional Pathology Services 987137 Nebraska Medical Center Omaha, NE 68198-7137

Regional Pathology Services PO Box 2850 Omaha, NE 68103-2850

Seterus PO Box 2008 Grand Rapids, MI 49501-2008

Stoneberry PO Box 2820 Monroe, WI 53566-8020

Surgical Services of Great Plains 4242 Farnam Street Ste 490 Omaha, NE 68131

Synchrony Bank/JCP Po box 960090 Orlando, FL 32896-0090

The Nebrask Medical Center PO BOx 2099 Omaha, NE 68103-2099

The Nebraska Medical Center PO Box 3839 Omaha, NE 68103-0839

The Nebraska Medical Center PO Box 2099 Omaha, NE 68103-2099

Tiburon Financial P.O. Box 770 Boys Town, NE 68010

Tiburon Finanical LLC PO Box 5756 Lincoln, NE 68505-0756

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TRS Recovery Services Inc PO BOx 60022 City of Industry, CA 91716-0022

Universal Fidelity LP PO Box 941911 Houston, TX 77094-8911

UNMC Physicians PO Box 2850 Omaha, NE 68103-2850

UNMC Physicians 988095 Nebraska Medical Center Omaha, NE 68198-8095

Washington County Bank PO box 248 Blair, NE 68008

Fill in this information to identify your case:					
Debtor 1	Jimmie Martin Metzle	er, III			
Debtor 2 (Spouse, if filing	Charity Spring Metzl	er			
United States Ba	ankruptcy Court for the:	District of Nebraska			
Case number (if known)					

Check as directed in lines 17 and 21:										
According to the calculations required by this Statement:										
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).									
	3. The commitment period is 3 years.									
	4. The commitment period is 5 years.									

☐ Check if this is an amended filing

### Official Form 22C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - ☐ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

you have nothing to report for any line, write \$0 in the space.						
			Colui Debt		Columi Debtor non-fili	
<ol><li>Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).</li></ol>	commiss	ons (before all	\$	6,302.57	\$	0.00
<ol> <li>Alimony and maintenance payments. Do not include pay Column B is filled in.</li> </ol>	ments from	a spouse if	\$	0.00	\$	0.00
4. All amounts from any source which are regularly paid for you or your dependents, including child support. Including an unmarried partner, members of your household, yo and roommates. Include regular contributions from a spous filled in. Do not include payments you listed on line 3.	lude regula ur depende	r contributions ents, parents,	\$	0.00	\$	0.00
5. Net income from operating a business, profession, or fa						
Gross receipts (before all deductions)	0.00	_				
Ordinary and necessary operating expenses -\$	0.00	_				
Net monthly income from a business, profession, or farm \$	0.00	Copy here ->	\$	0.00	\$	0.00
6. Net income from rental and other real property						
Gross receipts (before all deductions) \$	0.00	<u>-</u>				
Ordinary and necessary operating expenses -\$	0.00	<u>-</u>				
Net monthly income from rental or other real property \$	0.00	Copy here ->	\$	0.00	\$	0.00

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor Debtor		Jimmie Martin Charity Spring	•			Case numb	er ( <i>if known</i> )			
						Column A Debtor 1		Column B Debtor 2 o	or	
7.	Intere	est, dividends, a	nd rovalties			\$	0.00	\$	0.00	
		ployment comp	•			\$	0.00	\$	0.00	
			nt if you contend that the Instead, list it here:	he amount received	I was a benefit under					
	For	you		\$	0.00					
				· · · · · · · · · · · · · · · · · · ·	0.00					
ı	benefi	it under the Socia	•	·		\$	0.00	\$	0.00	
 	Do no receiv dome:	t include any ben ed as a victim of	sources not listed al efits received under th a war crime, a crime a ecessary, list other sou	ne Social Security A gainst humanity, or	ct or payments international or					
	10a	a				\$	0.00	\$	0.00	
	10k	D				\$	0.00	\$	0.00	
	100	c. Total amounts	from separate pages,	if any.	+	\$	0.00	\$	0.00	
			verage monthly income the details of the total for Column A			6,302.57	+ \$ _	0.00	= \$	6,302.57
										tal average
Part 2	2:	Determine How	to Measure Your De	ductions from Inc	ome				m	onthly income
12.	Сору	your total avera	ge monthly income f	rom line 11.					\$	6,302.57
			adjustment. Check or							
		ou are not marri	ed. Fill in 0 on line 3d.							
	<b>–</b> 1	ou are married a	nd your spouse is filing	g with you. Fill in 0	in line 13d.					
			nd your spouse is not							
	C	lependents, such	of the income listed in as payment of the spo	ouse's tax liability of	r the spouse's suppo	rt of someo	ne other tha	an you or you	ır depend	lents.
	a	adjustments on a		· ·	nd the amount of inco	ome devote	d to each p	urpose. If ne	cessary,	list additional
			does not apply, enter (		\$					
		120			- 0					
		1					_			
	1	13d. Total			\$	0.	00 Co	py here=> 13	d	0.00
14.	You	r current monthl	y income. Subtract lir	ne 13d from line 12				14	l. \$	6,302.57
15.	Calc	ulate your curre	nt monthly income fo	or the year. Follow	these steps:					
	15a.	Copy line 14 he	ere=>					15:	a. \$	6,302.57
		Multiply line 15	a by 12 (the number of	f months in a year).					х	12
	15b.	The result is yo	ur current monthly inco	ome for the year for	this part of the form.			15	b. \$	75,630.84

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Debtor 1 Debtor 2 **Charity Spring Metzler** Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: NE 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 78,363.00 16c. Fill in the median family income for your state and size of household. 16c. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 22C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4) 18. Copy your total average monthly income from line 11. 18. \$ 6.302.57 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d. 0.00 If the marital adjustment does not apply, fill in 0 on line 19a. 19a.-\$ 6,302.57 Subtract line 19a from line 18. 19b. 20. Calculate your current monthly income for the year. Follow these steps: 6,302.57 20a. 20a. Copy line 19b Multiply by 12 (the number of months in a year). 12 75.630.84 20h 20b. The result is your current monthly income for the year for this part of the form 78,363.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Jimmie Martin Metzler, III X /s/ Charity Spring Metzler Jimmie Martin Metzler, III **Charity Spring Metzler** Signature of Debtor 1 Signature of Debtor 2 Date **February 19, 2015** Date **February 19, 2015** MM / DD / YYYY MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Jimmie Martin Metzler, III

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Debtor 1 Debtor 2 Jimmie Martin Metzler, III Charity Spring Metzler

Case number (if known)

#### **Current Monthly Income Details for the Debtor**

**Debtor Income Details:** 

Income for the Period 08/01/2014 to 01/31/2015.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Valmont Industries

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$36,477.39 from check dated 7/25/2014 Ending Year-to-Date Income: \$68,782.62 from check dated 12/26/2014

This Year:

Current Year-to-Date Income: \$5,510.19 from check dated 1/30/2015

Income for six-month period (Current+(Ending-Starting)): \$37,815.42 .

Average Monthly Income: \$6,302.57.